Colorado Cancer Coalition Priorities: 2016-2018

Option 3 of 10:	**Screening & Early Detection: Screening Rates**
Presenter:	Toni Panetta, MA, Director of Mission Programs, Susan G. Komen® Colorado
Goal 5:	Increased high-quality cancer screening and early detection rates.
Objective 5.1:	Increase high-quality, guideline-adherent, cancer screening rates among average risk individuals.
Objective 5.2	Increase high-quality, guideline adherent, cancer screening rates among targeted populations.
Focus Area:	Colorectal, Mammogram, Pap Test, Lung Screening, PSA.
Focus Area:	Poverty, Medicaid, Rural/Frontier.

➔ 5.1 Strategies

- Educate primary care providers on the importance of a provider recommendation and adhering to nationally recognized, evidence based cancer screening guidelines such as the United States Preventive Services Task Force (USPSTF), the National Comprehensive Cancer Network (NCCN), the American Cancer Society (ACS) and the American College of Radiology (ACR).
- Promote informed decision-making at both the provider and individual level regarding the advantages and disadvantages of the prostate- specific antigen test for prostate cancer screening.
- Promote informed decision-making at both the provider and individual level regarding breast cancer screening guidelines. Discussions should include the advantages and disadvantages related to the variations in how often and when to begin and end screening based on individual risk.
- Educate patients and primary care providers on the importance of early detection of lung cancer among those who are high risk, and on the risks and benefits of screening.
- Promote all modes of colorectal cancer screenings to providers and individuals: colonoscopy, flexible sigmoidoscopy and high-sensitivity fecal occult blood tests, including fecal immunochemical test (FIT).
- Educate providers on cervical cancer screening guidelines, including when to conduct an HPV co-test.
- Implement client reminder systems (e.g., print or phone) to advise individuals in need of a cancer screening; messages may be tailored or general.
- Implement provider-oriented strategies, including provider reminders and recalls to identify when an individual is in need of, or overdue for, a cancer screening test based on individual or family history risk, and provider assessment and feedback interventions that present information about screening provision, in particular through use of an electronic health record system.
- Deliver one-on-one or group education conducted by health professionals or trained lay people to motivate individuals to seek screenings by addressing indications for and benefits of screening, and what to expect during screening services. Use small media to support this education (e.g.,brochures or newsletters).
- Implement workplace policies to provide paid time off for individuals to complete recommended cancer screenings.
- Collaborate with health plans to achieve increased cancer screening compliance rates, for example through the use of National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) cancer screening measures.
- Implement evidence-based practices through engagement of patient navigators in cancer screening processes.
- Educate endoscopists on tracking adenoma detection rates as part of a colonoscopy quality improvement program, including implementation of provider assessment and feedback systems.

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➔ 5.1 Measures

	Data Source	Baseline	2020 Target
Women ages 50+ who had a mammogram within the last two years	2014 BRFSS	72.4%	81.1%
Women ages 40-49 who had a mammogram within the last two years	2014 BRFSS	57.6%	63.4%
Women ages 21-65 who had a Pap test within the last 3 years.	2014 BRFSS	84.9%	93%
Men and women ages 50-75 who are adherent with colorectal cancer screening guidelines (FOBT in 1 year, Flexible Sigmoidoscopy in 5 years + FOBT in 3 years, or colonoscopy in 10 years)	2014 BRFSS	66.7%	80%
Men and women with appropriate smoking history risk (as determined by USPSTF guidelines) who are adherent with lung cancer screening guidelines.	TBD*	TBD	TBD
Men ages 40+ who have had a discussion with their provider on the advantages and disadvantages of a PSA test	2014 BRFSS	27.4%	31.5%

➔ 5.2 Strategies

- Increase access to cancer screening services, including colonoscopy, mammography and low- dose lung CT screening, in rural areas by implementing mobile services, traveling providers, upgraded equipment or increased Medicaid reimbursement.
- Partner with community-based organizations to reduce barriers (financial, cultural, structural or regional) to obtaining cancer screening services through engagement of community health workers and patient navigators.
- Provide culturally relevant screening services for medically underserved communities and promote culturally sensitive informed decision-making about screening through engagement of community health workers and patient navigators.
- Facilitate enrollment in public and private health insurance.
- Educate Medicaid-eligible Coloradans about their cancer screening coverage, including locations that accept Medicaid.
- Address limited local provider access for individuals due to insurance coverage, insurance plans accepted by providers, or provider capacity.
- Educate employers on the importance of providing paid leave for cancer screenings (especially for hourly employees).
- Encourage Medicaid to adopt lung CT screening guidelines that match Medicare guidelines.

➔ 5.2 Measures

	Data Source	Baseline	2020 Target
Women ages 50+ in poverty (under 250% FPL) who had a mammogram in the last two years	2014 BRFSS	61.3%	81.1%
Women age 50+ who live in rural or frontier counties	2014 BRFSS	66%	81.1%

who had a mammogram in the last two year			
Women age 50+ who have Medicaid who had a mammogram in the last two years	2014 BRFSS	69.3%	81.1%
Women ages 21-65 who live in rural or frontier counties who had a Pap test within the last 3 years	2014 BRFSS	80.8%	93%
African American women ages 21-65 who had a Pap test within the last 3 years	2014 BRFSS	73.4%	93%
Men and women ages 50-75 in poverty (under 250% FPL) who are adherent with colorectal cancer screening guidelines	2014 BRFSS	56.6%	67.8%
Men and women ages 50-75 who live in rural or frontier counties who are adherent with colorectal cancer screening guidelines	2014 BRFSS	58.4%	70%
Men and women ages 50-75 who have Medicaid who are adherent with colorectal cancer screening guidelines	2014 BRFSS	43.2%	51.8%
African-American men 40+ who engage in informed decision making about prostate cancer screening and completed a PSA test	2012 & 2014 BRFSS	43.2%	51.8%
Hispanic/Latino men and women aged 50-75 who are adherent with colorectal screening guidelines (FOBT in 1 year, Flexible Sigmoidoscopy in 5 years + FOBT in 3 years, or colonoscopy in 10 years)	2014 BRFSS	54.1%	65%

➔ What we know about the problem

- Early detection linked to higher survivorship rates and less invasive, intensive and costly treatment options
- Common systemic barriers, site-specific challenges
    - Breast
        - Confusion likely to increase about recommendations for mammography screening for women at average risk
            - American Cancer Society (initiate by 45)
            - United States Preventive Services Task Force (initiate at 50, biannually)
            - American College of Radiology (annually beginning at 40)
        - Referrals for mammography from PCP may vary based age-based guidelines followed by PCP's professional association
    - Colorectal
        - Political/coalition momentum to increase screening rates dramatically (80% by 2018)
    - Lung
        - Screening modalities relatively new
        - Current baseline data & goal to be determined in 2016
- Same core strategies regardless of site:
    - Target primary care providers to increase informed decision-making about screening initiation & frequency for screenable cancers based on nationally recognized, evidence-based screening guidelines

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  - Educate the public about screening guidelines & benefits of early detection
  - Implement evidence-based strategies for client reminders & patient knowledge of when patients due for screenings
- Health care reform provides unique opportunities for population-based interventions for targeted populations
  - Medicaid expansion to 138% FPL – 1 / 5 Coloradans covered by Medicaid
  - Opportunity for partnerships with community health center network
  - <250% FPL Coloradans lag on screenings vs 2020 targets
  - Rural/frontier location & race/ethnicity – lag on screenings vs 2020 targets
- Correlation between early detection rates, survivorship & whether someone lives in high-poverty areas in Colorado – regardless of cancer site

➔ **Why should CCC members prioritize this area of work?**

Prioritization factors	Considerations	Notes
Likelihood of Population Impact	• Increase early detection --> avoid preventable cancer deaths • Increase early detection among target populations --> reduce disparities in cancer outcomes	
Evidence of Feasibility	Demonstrated history of evidence-based interventions that have resulted in increased cancer screening rates	
Established Need	Gaps between baseline & 2020 targets for screenable cancers & target populations	
Measurability	Yes; although data missing for lung, expectation that cancer community can identify data points in 2016	
Collective Impact	• multiple cancers can be found within the same body → strategic advantage of leveraging site-specific expertise as a packaged approach rather than part-by-part • reduces waste: costs to print small media for each cancer site, time for PCPs to meet with each site-specific specialist/group	
Identified Gaps	Need for self-organization into: • shared goals/tactics • address site-specific variances • address population-specific barriers	
Opportunities for Leveraging partnerships	History of expertise with cancer sites History of expertise with barriers experienced by race/ethnicity, location, and economic status Expertise from population-based interventions	

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Political/ community support	Leverage existing resources ● public desire for less devastation from cancer diagnosis ● volume of experts ● 80% by 2018 – established momentum ● Public desire for increased value in health care prevention, early detection averts avoidable expenses	

Would you or your organization commit to helping with this priority?